

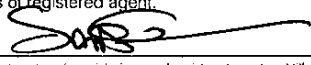
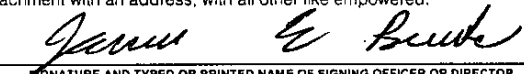


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000093412</b> 1. Entity Name <b>SUNSHINE 2000 CONSTRUCTION &amp; DEVELOPMENT, INC.</b>					
Principal Place of Business <b>9497 SOUTH DIXIE HIGHWAY SUITE 103 MIAMI, FL 33156</b>			Mailing Address <b>9497 SOUTH DIXIE HIGHWAY SUITE 103 MIAMI, FL 33156</b>		
2. Principal Place of Business <b>31 Ocean Reef Drive</b> Suite, Apt. #, etc. <b>C-302</b> City & State <b>Key Largo, FL</b> Zip <b>33037</b>		3. Mailing Address <b>31 Ocean Reef Drive</b> Suite, Apt. #, etc. <b>C-302</b> City & State <b>Key Largo, FL</b> Zip <b>33037</b>			
Country <b>US</b>		Country <b>US</b>		4. FEI Number <b>65-0874807</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SILBERGLEIT, DAVID</b> <b>11466 SW 18 ST</b> <b>HOLLYWOOD, FL 33025</b>			7. Name and Address of New Registered Agent Name <b>Samuel A. Persaud, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 N. Krome Ave., #200</b> City <b>Homestead</b>		
State <b>FL</b>			Zip Code <b>33030</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <span style="float: right;">2-6-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>BURKE, JAMES M</b> <b>9497 SOUTH DIXIE HIGHWAY</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <b>BURKE, MITA</b> <b>9497 SOUTH DIXIE HIGHWAY</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  <span style="float: right;">2/6/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED  
06 FEB 22 PM 12:00